# **SEEC FORM 30**

Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised January 2012



# Electronic Filing

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# **COVER PAGE**

1.NAME OF COMMITTEE						2. TYI	PE OF COMMITTEE
Foxx For Senate	x	Candidate Committee Exploratory Committee					
3. TREASURER NAME							_
First			MI	Last			Suffix
Carol			R.	Censki			
4. TREASURER ADDRESS					_		
Street Address		City			State		Zip Code
16 Hoover Ln		Enfiel	ld		СТ		06082
5. ELECTION DATE	6. OFFICE SOUGHT ( Ca	omplete oi	nly if Candidate	Committee)		7. DISTR	AICT NUMBER ( if applicable
11/04/2014	State Senator					S007	
8. CANDIDATE NAME (Complete only if C	Candidate or Exploratory Co	ommittee	e)				_
First John			MI C	Last Foxx			Suffix
9. TYPE OF REPORT  July 10 Filing - Original							
10. PERIOD COVERED							
	Beginning Date <b>05/05/2014</b>	thru		Ending Date <b>06/30/2014</b>			
	03,03,2011	Cili	_	30,30,201			
11. CERTIFICATION							
I hereby certify and state, on this <b>Itemized Campaig</b> accurate and complete.					h		
Electronic Filing	Carol Censki			07/	10/2014	3:18:47PM	İ
SIGNATURE	PRINT NAME OF THI	E SIGNE	ĒR	DAT	TE CERTIFIED		
PENA	LTY FOR FALSE STATEM			E BY FINE NOT TO EXCEED S	\$1,000, OR IM	IPRISONME	ENT

SEEC FORM 30 Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised January 2012

# **SUMMARY PAGE TOTALS**

NAME OF COMMITTEE	TYPE OF REPORT	TYPE OF REPORT						
Foxx For Senate	July 10 Filing - Original							
	COLUMN A	COLUMN B						
	This Period	Aggregate						
12. Balance on hand from day Committee was formed		\$0.00						
13. Balance on hand at the beginning of Reporting Period	\$0.00							
14. Contributions received from Individuals (Section A and B)	\$1,035.00	\$1,035.00						
15. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$0.00						
16. Other Monetary Receipts (Section D through I)	\$0.00	\$0.00						
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J1)	\$0.00	\$0.00						
18. Total Monetary Receipts (add totals for lines 14 through 17)	\$1,035.00	\$1,035.00						
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	\$1,035.00	\$1,035.00						
20. Expenses Paid by Committee (Section N)	\$0.00	\$0.00						
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both col	\$1,035.00	\$1,035.00						
22. In-Kind Donations not Considered Contributions Received (Section J3)	\$0.00	\$0.00						
23. In-Kind Contributions Received (Section K)	\$0.00	\$0.00						
24. Refundable Deposit to Telephone Company (Section L)	\$0.00	\$0.00						
25. Receipts of Organization Expenditures (Section M) OPTIONAL	\$0.00	\$0.00						
26. Beginning Loan Balance	\$0.00							
26a. + Loans Received (Section D)	\$0.00	\$0.00						
26b. + Interest and Penalties on Loan(s)	\$0.00	\$0.00						
26c Payments on Loan(s)	\$0.00	\$0.00						
26d. Total Outstanding Loan Amount	\$0.00							
27. Campaign Expenses Paid By Candidate (Section O)	\$0.00	\$0.00						
28. Expenses Incurred on Committee Credit Card (Section P)	\$0.00	\$0.00						
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	\$110,379.28							
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$110,379.28							

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						1 age 3 01 17	
I. MONETARY RECEIPT	S (Se	ection A-I)					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT				
Foxx For Senate			July 10	Filing - Original			
A. Total Contributions from Small Contributors-Received this Period		For Nonpartic	cipating Cand	lidates ONLY			
B. Itemized Contributions from	n Ind	ividuals					
Last Name	First				MI	Contribution ID #	
DAVIS		ELIZABETH			R	0001	
Residential Street Address	City				State	Zip Code	
201 N Maple St		Enfield			СТ	06082	
Principal Occupation		Name of Employer					
SARGENT		U.S. M	ILITARY				
Is contributor a principal of a state contractor or prospective state contractor?  Yes  No	o	Is contributor a lob dependent child of		se, or Yes	Amou	unt of Contribution	
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative				x No			
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate	Contributions	1		
fundraising event listed in Section J1?  Yes  R Cash  Personal Check							
X No T	05/:	15/2014		\$100.00	\$100.00		
If yes, list Event #							
Last Name	First				MI	Contribution ID #	
DUBE		JEANNE			М	0003	
Residential Street Address	City				State	Zip Code	
36 Chelsea Ln	<u>L</u>	East Granby			СТ	06026	
Principal Occupation		Name of Employer					
QUALITY SYSTEM AUDITOR		SELF					
Is contributor a principal of a state contractor or prospective state contractor?  Yes X No.	o	Is contributor a lob dependent child of		se, or Yes	Amou	unt of Contribution	
If yes, indicate which branch or branches of government the contract is with:		acpenaem emia or	u 1000 y 150.	x No			
Is this contribution associated with a  Yes  Method of contribution:	Date	Received	Aggregate	1			
fundraising event listed in Section J1?    X   No							
If yes, list Event # No Money Order Credit/Debit Card	05/2	21/2014		\$20.00		\$20.00	
Last Name	First				MI	Contribution ID #	
HALL		JOYCE			Р	0004	
Residential Street Address	City				State	Zip Code	
4 Pine Grove Ave		Enfield			СТ	06082	
Principal Occupation		Name of Employer			-	•	
		RETIRE	D				
Is contributor a principal of a state contractor or prospective state contractor?  Yes X No.	o	Is contributor a lob dependent child of		se, or Yes	Amou	unt of Contribution	
If yes, indicate which branch or branches of government the contract is with:				x No			
Is this contribution associated with a fundraising event listed in Section J1?  Method of contribution:  Yes	Date	Received	Aggregate	Contributions			
If yes, list Event # Cash X Personal Check  Money Order Credit/Debit Card	05/2	21/2014		\$50.00		\$50.00	

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L MONETARY RECEIPT	S (Se	ection A-D			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT				
Foxx For Senate	July 10 Filing - Original				
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
DUDEK		KARL			0002
Residential Street Address	City			State	Zip Code
20 Tyler Rd		Enfield		СТ	06082
Principal Occupation  CREDIT COUNSELOR		Name of Employ	er N CREDIT		
			obbyist, spouse, or	Amou	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor?  Yes X No	0	dependent child of			
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a fundraising event listed in Section 112	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?  X No Cash  Personal Check	0.54	00/004	4400.00		1100.00
If yes, list Event # No Money Order Credit/Debit Card	05/	22/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
HOGAN		ROSEMARY			0018
Residential Street Address	City			State	Zip Code
61 Pershing Rd		Windsor Lock	KS	СТ	06096
Principal Occupation		Name of Employ	er	•	•
MANAGER		TRAV	ELERS		
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or  Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of		dependent ennu (			
government the contract is with:  Is this contribution associated with a Method of contribution:	government the contract is with:    Legislative   Legislative   Lambda   No				
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
X No Cash X Personal Check	05/	23/2014	\$25.00		\$25.00
If yes, list Event #		-,	1		
Last Name	First			MI	Contribution ID #
SAYERS		PATRICK		W	0007
Residential Street Address	City			State	Zip Code
7 Pearl St	<u> </u>	Windsor Lock		СТ	06096
Principal Occupation		Name of Employ	er		
IRON WORKER  Is contributor a principal of a state contractor or prospective state contractor?		OTG	obbyist, spouse, or	Amou	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor?  Yes  No	0	dependent child of		Aillou	ant of Contribution
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
rundraising event listed in Section J1?					
If yes, list Event # Cash Personal Check  Money Order Credit/Debit Card	05/	27/2014	\$10.00		\$10.00
Last Name	First			MI	Contribution ID #
SAYERS	1 1150	MARGARET			0005
Residential Street Address	City			State	Zip Code
81 Spring St		Windsor Lock	(S	СТ	06096
Principal Occupation		Name of Employ	er	•	•
LEGISLATURE			OF CONNECTICUT		
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	o	Is contributor a l dependent child of	obbyist, spouse, or  Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>		
Is this contribution associated with a Mathod of contribution.	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
X No	05/	27/2014	\$100.00		\$100.00

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L MONETARY RECEIPT	S (Se	ection A-I)							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Foxx For Senate									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
BINNS		ELEANOR		В	0016				
Residential Street Address	City			State	Zip Code				
1174 Blossom St	L	Suffield		СТ	06078				
Principal Occupation  ADMINISTRATIVE SECRETARY		Name of Employ	er NOF SUFFIELD						
			obbyist, spouse, or	Amou	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor?  Yes X No	0	dependent child of							
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>						
Is this contribution associated with a fundraising event listed in Section J1?  Method of contribution:  Yes	Date	Received	Aggregate Contributions						
X No Personal Check	05.0	20/2014	+10.00		+40.00				
If yes, list Event # No Money Order Credit/Debit Card	05/.	28/2014	\$10.00		\$10.00				
Last Name	First			MI	Contribution ID #				
BROMMAGE		VIRGINIA		L	0025				
Residential Street Address	City			State	Zip Code				
576 N Main St		Suffield		СТ	06078				
Principal Occupation		Name of Employ	er						
NONE		RETIR		•					
Is contributor a principal of a state contractor or prospective state contractor?  Yes X No	o	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist?  Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>						
government the contract is with:  Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?	Buie	10001100	11gg. ogute continuations						
X No Cash Personal Check	05/2	28/2014	\$30.00		\$30.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
IVES		ROGER		L	0027				
Residential Street Address	City	0.66.11		State	Zip Code				
584 Thompsonville Rd	<u> </u>	Suffield  Name of Employ		СТ	06078				
Principal Occupation  RETIRED		RETIR							
			obbyist, spouse, or	Amou	ınt of Contribution				
Yes 🔼 No	0	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>						
Is this contribution associated with a  Sociated With a Yes Method of contribution:  Yes	Date	Received	Aggregate Contributions						
Tundraising event risted in Section 31?									
If yes, list Event # Cash Cash Personal Check  Money Order Credit/Debit Card	05/2	28/2014	\$50.00		\$50.00				
Last Name	First			MI	Contribution ID #				
ROMANO	1 1150	THOMAS		J	0022				
Residential Street Address	City			State	Zip Code				
PO Box 6		West Suffield		СТ	06093				
Principal Occupation		Name of Employ	er	•	-				
TRAINER			OF CONNECTICUT						
Is contributor a principal of a state contractor or prospective state contractor?  Yes X No	0	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative		1	x No						
Is this contribution associated with a Mathod of contribution.	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?			55 -5						
If yes, list Event #	05/2	28/2014	\$20.00		\$20.00				

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Foxx For Senate									
B. Itemized Contributions from	m Ind	lividuals							
Last Name	First			MI	Contribution ID #				
FOXX		PATRICIA		L	0015				
Residential Street Address	City			State	Zip Code				
8 Winding Ln	<u> </u>	Enfield		СТ	06082				
Principal Occupation SALES		Name of Employ  MACY							
			11 11	Amor	unt of Contribution				
Yes X No	0	dependent child of	Vac						
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
Tundralising event insect in Section 71:									
If yes, list Event # Cash Personal Check  Money Order Credit/Debit Card	05/	31/2014	\$15.00		\$15.00				
L AV	F: /				Louis B"				
Last Name  CUNNINGHAM	First	NEAL		MI	Contribution ID #				
Residential Street Address	City	INCAL		State	Zip Code				
61 Pershing Rd		Windsor Lock	KS	СТ	06096				
Principal Occupation		Name of Employ							
SYSTEMS MANAGER		BEJ-C	UT, INSURANCE						
Is contributor a principal of a state contractor or prospective state contractor?	2		obbyist, spouse, or  Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of	J	dependent child of	of a lobbyist?						
government the contract is with:			x No						
Is this contribution associated with a fundraising event listed in Section J1?  Yes Method of contribution:	Date	Received	Aggregate Contributions						
Cash X Personal Check	06/	01/2014	<b>#35.00</b>		±25.00				
If yes, list Event # Money Order Credit/Debit Card	06/	01/2014	\$25.00		\$25.00				
Last Name	First			MI	Contribution ID #				
NORRIS		TIM		j	0006				
Residential Street Address	City			State	Zip Code				
16 Birchwood Rd		Enfield		СТ	06082				
Principal Occupation		Name of Employ	er						
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?  Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative		i	x No						
government the contract is with:  Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	·					
fundraising event listed in Section J1?									
If yes, list Event # Cash X Personal Check  Money Order Credit/Debit Card	06/	07/2014	\$10.00		\$10.00				
If yes, list Event #				<u> </u>					
Last Name	First			MI	Contribution ID #				
WAWRUCK		STEVEN		N	0008				
Residential Street Address	City			State	Zip Code				
18 Burnap Rd Principal Occupation	<u> </u>	Windsor Lock		СТ	06096				
FIRST SELECTMAN		Name of Employ	of Windsor Locks						
			obbriet enouge or	Amou	unt of Contribution				
Yes X No	0	dependent child of	Vac						
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
If yes, list Event # Cash Personal Check  Money Order Credit/Debit Card	06/	07/2014	\$50.00		\$50.00				

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Foxx For Senate									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
WAWRUCK		LISA		Α	0010				
Residential Street Address	City			State	Zip Code				
18 Burnap Rd	L	Windsor Lock		СТ	06096				
Principal Occupation  MORTGAGE ORGINATOR		Name of Employ	er ED BANK						
			obbyist, spouse, or	Amou	unt of Contribution				
	0	dependent child of							
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>						
Is this contribution associated with a fundraising event listed in Section J1?  Method of contribution:  Yes	Date	Received	Aggregate Contributions						
X No Cash Personal Check	0.51	07/2044	+50.00		+50.00				
If yes, list Event # Money Order Credit/Debit Card	06/0	07/2014	\$50.00		\$50.00				
Last Name	First			MI	Contribution ID #				
CENSKI		CAROL		R	0012				
Residential Street Address	City			State	Zip Code				
16 Hoover Ln		Enfield		СТ	06082				
Principal Occupation		Name of Employ	er						
REGISTRAR			OF CONNECTICUT, REGIST						
Is contributor a principal of a state contractor or prospective state contractor?  Yes X No	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?  Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of  Executive Legislative			x <sub>No</sub>						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?	Built	10001100	11gg. ogute continuations						
X No Cash X Personal Check	06/0	07/2014	\$25.00		\$25.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
LE MASTER		SARA		K	0013				
Residential Street Address	City			State	Zip Code				
41 Fox Hollow Dr	<u> </u>	Windsor Lock		СТ	06096				
Principal Occupation  REGIONAL ENTITIES ADMINISTRATOR		Name of Employ	E DEMOCRATIC CAUCAS						
			obbyist, spouse, or	Amou	ınt of Contribution				
Yes A No	0	dependent child of	-						
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>						
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
Tundraising event listed in Section 31?									
If yes, list Event # Cash Cash Personal Check  Money Order Credit/Debit Card	06/0	07/2014	\$50.00		\$50.00				
Last Name	First			MI	Contribution ID #				
REILLY	1 1100	PATRICK		M	0014				
Residential Street Address	City			State	Zip Code				
740 Mathers St		Suffield		СТ	06078				
Principal Occupation		Name of Employ	er	-	-				
			RETIRED						
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	ant of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x No						
Is this contribution associated with a Mathod of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?			30 -0						
If yes, list Event #	06/0	07/2014	\$20.00		\$20.00				

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Foxx For Senate			July 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
PINNEY		DAVID			0011				
Residential Street Address	City			State	Zip Code				
214 Maple St		Somers		СТ	06071				
Principal Occupation  FARMER		Name of Employ SELF	<sup>er</sup> d/b/a MAPLE KNOLL FARM						
Is contributor a principal of a state contractor or prospective state contractor?	_		obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of	5	dependent child of	of a lobbyist?						
government the contract is with:		D : 1							
Is this contribution associated with a fundraising event listed in Section J1?  Yes Method of contribution:	Date	Received	Aggregate Contributions						
X No Cash X Personal Check	06/	10/2014	\$25.00		\$25.00				
If yes, list Event #	00,	10, 201 .	Ψ25.00						
Last Name	First			MI	Contribution ID #				
PINNEY		PATRICIA		Р	0009				
Residential Street Address	City			State	Zip Code				
214 Maple St		Somers		СТ	06071				
Principal Occupation		Name of Employ							
TEACHER -	NGTON BOARD OF EDUCATION		ant of Contribution						
Is contributor a principal of a state contractor or prospective state contractor?  Yes  No	0	dependent child of	obbyist, spouse, or of a lobbyist?  Yes	Amot	int of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?  Yes  Gash  Responsal Check									
If yes, list Event # Cash No Cash No Money Order Credit/Debit Card	06/	10/2014	\$25.00		\$25.00				
Last Name	First			MI	Contribution ID #				
DEVLIN, JR.		FRANCIS		W	0026				
Residential Street Address	City			State	Zip Code				
21 Longhill Dr		Somers		СТ	06071				
Principal Occupation		Name of Employ	er						
		RETIR							
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x No						
government the contract is with:  Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?  Yes  Cash  Responsal Check									
If yes, list Event # Cash   X   Personal Check   Money Order   Credit/Debit Card	06/	12/2014	\$25.00		\$25.00				
Last Name	First			MI	Contribution ID #				
DEVLIN	1 1150	KATHLEEN		A	0028				
Residential Street Address	City			State	Zip Code				
21 Longhill Dr		Somers		СТ	06071				
Principal Occupation	-	Name of Employ	er	•					
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a le	obbyist, spouse, or Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of		acpendent emili (	x No						
government the contract is with: Executive Legislative  Is this contribution associated with a Method of contribution:	Data	Received	Aggregate Contributions	1					
fundraising event listed in Section J1?	Date	11001100							
If yes, list Event # Cash Personal Check    Money Order   Credit/Debit Card	06/	13/2014	\$25.00		\$25.00				

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I, MONETARY RECEIPT	rs (s	ection A-I)	TYPE OF REPORT					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  Foxx For Senate								
B. Itemized Contributions fro	_							
Last Name	First			MI	Contribution ID #			
SCHMIDT  Residential Street Address	City	THERESA		K	O021 Zip Code			
62 Pond Cir	- City	Somers		CT	06071			
Principal Occupation		Name of Employ	rer					
RN CONSULTANT		VHA						
Is contributor a principal of a state contractor or prospective state contractor?	No	Is contributor a l dependent child of	lobbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>					
Is this contribution associated with a Series 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
iundraising event listed in Section 31?								
If yes, list Event # Cash Personal Check    Money Order   Credit/Debit Card	06/	14/2014	\$50.00		\$50.00			
Last Name	First			MI	Contribution ID #			
SCHMIDT	11130	ROBERT		W	0023			
Residential Street Address	City			State	Zip Code			
62 Pond Cir		Somers		СТ	06071			
Principal Occupation		Name of Employ	rer					
		RETIF						
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X	No	dependent child of	lobbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>					
government the contract is with:  Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?  Yes  Cash  Personal Check								
If yes, list Event # Cash No Cash Money Order Credit/Debit Card	06/	14/2014	\$50.00		\$50.00			
Last Name	First			MI	Contribution ID #			
WEEKS		JOHN		М	0024			
Residential Street Address	City			State	Zip Code			
51 Pheasant Run		North Granby		СТ	06060			
Principal Occupation		Name of Employ RETIF						
Is contributor a principal of a state contractor or prospective state contractor?				Amou	ant of Contribution			
Yes A	No	dependent child of						
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x No					
Is this contribution associated with a fundraising event listed in Section J1?  Yes Method of contribution:	Date	Received	Aggregate Contributions					
X No Cash X Personal Check	06/	20/2014	¢25.00		\$25.00			
If yes, list Event # Money Order	00/	20/2014	\$25.00		\$25.00			
Last Name	First			MI	Contribution ID #			
FRENAYE		THOMAS			0029			
Residential Street Address	City			State	Zip Code			
489 Warnertown Rd	1	West Suffield		СТ	06093			
Principal Occupation		Name of Employ RETIF						
Is contributor a principal of a state contractor or prospective state contractor?	No	Is contributor a l	lobbyist, spouse, or	Amou	unt of Contribution			
If yes, indicate which branch or branches of		dependent child of	or a roodyrst?					
government the contract is with:  Executive Legislative								
To all the contraction and contract contract to the contract of the contract to the contract t	D.	Did	•					
Is this contribution associated with a fundraising event listed in Section J1?  Yes  Cash  X Personal Check	Date	Received	Aggregate Contributions					

Page 10 of 19

I, M	IONET	ARY RECEI	PTS (S	ection A-I)				
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE C								
Foxx For Senate  July 10 Filing						Original		
B. Ite	emized (	Contributions fi	rom Inc	lividuals				
Last Name			First				MI	Contribution ID #
COLSTON				KACY			н	0030
Residential Street Address			City				State	Zip Code
489 Warnertown Rd				West Suffield			СТ	06093
Principal Occupation				Name of Employe				
PROJECT MANAGER				CIGNA				
Is contributor a principal of a state contractor or prospective state contractor?		Yes x	No	Is contributor a lo dependent child o	obbyist, spouse, or of a lobbyist?	Yes	Am	nount of Contribution
If yes, indicate which branch or branches of government the contract is with:		Legislative			•	x No		
Is this contribution associated with a Yes Method of c	contribution:		Date	Received	Aggregate Contribu	tions		
rundraising event listed in Section 31?		X Personal Check						
If yes, list Event #	Order	Credit/Debit Card	06/	27/2014	\$	20.00		\$20.00
Last Name			First				MI	Contribution ID #
NEVILLE			1 1130	TIMOTHY			F	0017
Residential Street Address			City				State	Zip Code
25 Jewel St				Enfield			СТ	06082
Principal Occupation			•	Name of Employe	er		•	
				RETIR	ED			
Is contributor a principal of a state contractor or prospective state contractor?		Yes x	No		obbyist, spouse, or	Yes	Am	nount of Contribution
If yes, indicate which branch or branches of				dependent child o	of a lobbyist?			
government the contract is with:		Legislative				x No		
Is this contribution associated with a fundraising event listed in Section J1?	contribution:	: 	Date	Received	Aggregate Contribu	tions		
X No Cash		X Personal Check	06/	30/2014	¢	25.00		\$25.00
If yes, list Event # Money	Order	Credit/Debit Card	007	30/2014	P	25.00		\$25.00
						Total of	Section R	\$1,035.00
TOTAL OF ALL CONTRIBUTIONS FROM INDI	(X/HDX/ A X	G (C-	A	+ D) /T	. 1 1: 14 66		300000112	. ,
TOTAL OF ALL CONTRIBUTIONS FROM INDI	IVIDUAI	<u>_S</u> (Se	ections A	. + B) (10t	tal on Line 14 of Su	mmary Page)		\$1,035.00
I. M	10NET	ARY RECEII	PTS (S	ection A-I)				
NAME OF COMMITTEE (Provide Complete Name as Reg	gistered v	vith Commission)				ТҮРІ	E OF REP	PORT
						July 10 Filing		
Foxx For Senate						July 10 Filling	r - Original	
C1 Con	. 4 wilh 4 i o	ons from Other	Commi	**************************************				
C1. Con	เเรามนเเด	ons from Other	Commi	ttees				
Name of Committee				Name of Treasure	er			
Address		1.	a: .	9 2 2 4	tal.	V	N. A	Amount of Contribution
		l l		ibution associated w g event listed in Sect		Yes	No A	anount of Continuum
				If yes, list Event #				
I	State	Zip Code	Date R	eceived	Aggregate Contri	butions		
City		•						
					·			
					Т	otal of Secti	on C1	

I. MONETA	ARY RECE	CIPTS (S	ection A	<b>A-I</b> )					
NAME OF COMMITTEE						TYPE OF REPORT			
Foxx For Senate					July 10 F	July 10 Filing - Original			
C2. Reimbursements, Pa	yments, or S	Surplus D	istributi	ons from other Co	mmittees				
Name of Committee				Name of Treasurer					
Address					Date Receive	ed	Amount of Receipt		
City	State	Zip Code		Reimbursement for Payment for goods a		,			
					Te	otal of Section Ca	2		
I. MON	ETARY R	ЕСЕІРТ	S (Sect	tion A-I)					
NAME OF COMMITTEE					ТҮРЕ	OF REPORT			
Foxx For Senate					July 10 Filir	ng - Original			
D. Loa	ns Received	this Perio	od						
Name of Lender			Source of		Individu	al Other	Date of Receipt		
Street Address		City	Duni	Curadute	State	Zip Code	Is there a cosigner or Guarantor of this loan? Yes No		
Name of Cosigner/Guarantor (if applicable)		<u> </u>			<u> </u>	<u> </u>	Amount Received		
Street Address		City			State	Zip Code			
					I	Total of Section	ı D		
I. MON	ETARY R	ECEIPT	'S (Sect	ion A-I)					
NAME OF COMMITTEE	NAME OF COMMITTEE TYPE OF REPORT						DRT		
Foxx For Senate					Jul	y 10 Filing - Original			
E. Personal Funds of the Candidate R	eceived this	Period (C	andidat	e Committees ON	LY)				
Date of Receipt Method of Payment  Cash	Per	sonal Check		Credit/Debit Card			Amount		

Total of Section E

I. Monetary Receipts (Section A-I)								
NAME OF COMMITTEE TYPE OF REPORT								
Foxx For Senate  July 10 Filing - Original								
G. Interest fro	m Deposits in Authorized Accounts							
Name of Institution		Dat	e Receive	ed	Amount			
Street Address	City	State		Zip Code				
				•				
			•	Total of Section G				
I. MONE	TARY RECEIPTS (Section A-K)							
NAME OF COMMITTEE				TYPE OF REPORT	•			
Foxx For Senate			July	10 Filing - Original				
H. Public Grant Fun	ds Received from the Citizens' Election	Fund						
Purpose of Grant: Gr	ant Cycle:			Date Received	Amount			
Initial Grant Adjustment	Primary General Election	Special Elec	tion					
Supplemental/Post Election Deficit	•							
				Total of Section H				
I. MO	NETARY RECEIPTS (Section A-K	)						
NAME OF COMMITTEE				TYPE OF REPOR	Т			
Foxx For Senate			July	10 Filing - Original				
I. Miscellaneous N	Ionetary Receipts not Considered Contr	ibutions			·			
Name			Date	of Transaction	Amount Received			
Street Address	City	State	-	Zip Code				
Description		•						
				Total of Section	I			

II. FUNDRAISING EVENT ACTIVITY (Sections J1 - J3)												
NAME OF COMMITTEE							TYPE OF	REP	ORT			
Foxx For Senate	Jı	July 10 Filing - Original										
	J1. Fund	raising Event Infor	rmation									
Fundraising Event # Date of Fundraiser Letter	Description											
Location: Street Address					City				State	Zip Code		
Was this fundraising event hosted at a personal residence?  Yes if yes, go to Section J3 In-Kind Dona complete required information for put invitations.										and		
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?  Yes If yes, to to Section J3 In-Kind Dona complete required information. No							ations not Considered Contributions and					
Subpart 1:  Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?  Yes (If yes, enter Total Receipts here.)												
Total of Section J1												
	II. FUNDRAISI	NG EVENT ACT	IVITY	(Section	ns J1 - J3)							
NAME OF COMMITTEE (Provide	Complete Name as Reg	istered with Commiss	ion)				TYPE OF REI	EPORT				
Foxx For Senate						July 1	y 10 Filing - Original					
	J3. In-Kind Donat	ions Not Considere	ed Contri	butions								
Name of the Donor												
Street Address				City					State	Zip Code		
Donation Given by:	Description of Donation			•						rket Value of		
Individual								-	D	onation		
Business Entity	Date Received Event # Aggregate value for this event											
Sole Proprietorship												
						Т	otal of Section J3					

III. NONMONETARY RECEIPTS (Sections K - M)											
NAME OF COMMITTEE					TY.	PE OF REF	PORT				
Foxx For Senate  July 10 Filing - Original											
K. In-Kind Contributions											
Name											
Street Address			(	City			State	Zip Code			
Is this contribution associated with a fundraising event Usted in Section 11? If yes, list Event# No Description of In-Kind Contribution											
								arket Value of this Contribution			
Type of Contributor:	Contributor: Date Received Aggregate contributions										
Individual Committee Sole Pr	oprieto	rship									
					Total of	Section K					
III. Non Mon	etar	v Recei	pts (Sections K - N	<b>M</b> )							
NAME OF COMMITTEE (Provide Complete Name as Registered	with (	Commissi	on)		TYPI	E OF REPC	RT				
Foxx For Senate					July 10 Filing -	Original					
L. Refundable Deposit to Telephone Company											
Last Name of Individual		First Nam	ne		MI	Date Dep	osit Made				
Residential Street Address	Ci	ity		State	Zip Code			mount of Deposit			
Name of Telephone company											
Street Address City State Zip Code											
					Total of S	ection L					

	III. NONMONETARY	RECE	PTS (S	ections K	( - M)				
NAME OF COMMITTEE	TYPE OF REPORT								
Foxx For Senate	uly 10 Filing - O	riginal							
	n-Monetary Receipts of Organization E tive Caucus, and Party Committee - Ol					dership,			
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONLY)  Name of Treasurer									
Street Address							eceived	Fair Market Value of Donation	
City	City State						nations		
Description of Donation	Purpose of E	Purpose of Expenditure A B C D							
						Total of	Section M		
	IV. EXPENDITU	TRES (S	ections	N - S)					
NAME OF COMMITTEE (Prov	vide Complete Name as Registered with Com	mission)				TYPE	OF REPOR	Т	
Foxx For Senate						July 10 Filing -	Original		
	N. Expenses Paid F	By Comm	ittee			•			
Name of Payee Date						ment	Method of Payment  Check #  Debit Card		
Street Address City							State	Zip Code	
Purpose of Expend	Description							Amount	
Is this expenditure coordinated with another candidate for Yes Expenditure # Event # Which reimbursement is sought? No (if applicable)  If yes, assign an Expenditure # and complete Itemization in Addendum									
						Total o	f Section N		

Total of Section P

IV. EXPENDITURES (Sections N - S)													
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OI											OF REPORT		
										July 10 Filing - Original			
	O. Expe	nses Paid By (	Candidate										
Name of Payee (Name of vendor who candidate paid directly)						Date of Pay			Is Rei	s Reimbursement Claimed?  Yes No			
Street Address		City			State Zip Code			•	Amount				
Purpose of Expenditure (by code)	Description					Event #							
						•		Total	of Sec	ction O			
	IV. EXP	ENDITURES	S (Sections N -	S)									
NAME OF COMMITTEE	E (Provide Complete Name as R	egistered with C	ommission)					TYPE	OF R	REPORT			
Foxx For Senate					July 10 Filing - Original								
	P. Expense	s Incurred on	Committee Cre	dit Card									
Name of Issuing Institution				Туре с	Type of Credit Card:  Visa Master Card Discover  Other					er	American E	xpress	
Name of Vendor										Date of Tra	nsaction		
Street Address				City						State	Zip (	Code	
Purpose of Expenditure (by code)	Description										Amount		
Is this expenditure coordinate which reimbursement is soug	ht?		Yes No	Expendit (if applic		Е	vent	#					
ii yes, assigii an Expenditure	# and complete Itemization in Adde	iuuIII											

IV. EXPENDITURES (Sections N - S)									
NAME OF COMMITTE	F REPORT								
Foxx For Senate	jinal								
Name of Creditor Total Graphic Solutions						Date Incurre			
Street Address		City				State	Zip Code		
117 W Main St		Plain	ville			СТ	06062		
Purpose of Expenditure (by code)	de)								
CNSLT	Consultant								
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  Expenditure #  (if applicable)									
If yes, assign an Expenditure # a	and completes Itemization in Addendum Q						\$109,690.00		
Name of Creditor VINCI GROUP		-				Date Incurre			
Street Address		City				State	Zip Code		
54 Robert Rd		Manc	hester			СТ	06040		
Purpose of Expenditure (by code)	Description LOGO						unt Incurred ate or Actual)		
A-SIGN									
Is this expenditure coordinated reimbursement is sought?	with another candidate for which  Yes  X No		Expenditure # (if applicable)	Event #					
If yes, assign an Expenditure # a	and completes Itemization in Addendum Q						\$239.28		

IV. EXPENDITURES (Sections N - S)														
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									TYPE OF REPORT					
Foxx For Senate  July 10 Filing - Orig										iginal				
Q. Expenses Incurred By Committee but Not Paid During this Period														
Name of Creditor NPG VAN											Date Incur 06/16	rred /2014		
Street Address					City						State	Zip Code		
1101 15th St NW Ste 5	00				Was	hington	l				DC	20005		
Purpose of Expenditure (by code)	Description										Amount Incurred (Estimate or Actual)			
Misc *	VOTER INFO	ORMATION										,		
Is this expenditure coordinated reimbursement is sought?	this expenditure coordinated with another candidate for which imbursement is sought?  Yes  Expenditure #  (if applicable)													
If yes, assign an Expenditure #	and completes Iter	nization in Add	lendum Q	X No								\$450.00		
Total of Section Q \$110,379.2											\$110,379.28			
IV. EXPENDITURES (Sections N - S)														
NAME OF COMMITT	EE (Provide (	Complete Na	ame as Register	red with Comr	nission)				T	YPE OF REI	PORT			
Foxx For Senate									July 10 Fili	ng - Original				
R. Itemization of Reimbursements to Committee Workers and Consultants														
Last Name of Worker/Consulta	nt		First				MI	Date	e of Payment		Method o	f Payment		
									-	·		Check #		
Secondary Payee												Debit Card		
Street Address					City						State	Zip Code		
Purpose of Expenditure (by code)		Description	n		•							Amount		
Is this expenditure coordinated with another candidate for which reimbursement is sought?				Expenditure #  (if applicable)  Ev			Event #	E						
If yes, assign an Expenditure	e # and completes	Itemization in A	Addendum R	No										
									Total of S	Section R				

IV. EXPENDITURES (Sectuibs N - S)									
NAME OF COMMITTEE (Provide Complete Name as Registere	TYPE OF REPORT								
Foxx For Senate	July 10 F	July 10 Filing - Original							
S. Surplus Distribution of Equipment and Furniture									
Name of Recipient									
Street Address	City	State	Zip Code	Original Purchase Amount of Item					
Description of Item									
			Total of Section S						